

## Section 2      Maryland Schedule of Preventive Health Care

The *Maryland Schedule of Preventive Health Care* adheres to standards established by state and federal regulations. The Schedule defines how often a child/adolescent should have a preventive care visit and closely correlates to the schedule recommended by the American Academy of Pediatrics (AAP) and *Bright Futures in Practice*. Since children eligible for Medical Assistance (MA) may be at greater risk for health problems than the general population, certain elements, such as lead testing, are required rather than optional. The Schedule includes seven full preventive visits in the first year of life, three visits in the second year and yearly visits two through 20 years of age. Children older than six years of age should receive annual preventive well-child visits; however, preventive care visits may occur every two years when documented by the primary care provider as part of the plan of care. Additionally, the Schedule does not preclude more frequent preventive health visits, if documented as medically necessary. The Maryland Healthy Kids Program Pediatric Visit Sheets (Encounter Forms) are available to facilitate documentation of the required components (Refer to Section 7 – Appendix I). The following defines the type of preventive care services that are included under the Maryland Healthy Kids Program.

### A. INITIAL SCREENING SERVICES

Initial screening services include the full scope of comprehensive services outlined in the *Maryland Schedule of Preventive Health Care*. These services should be provided to all children when being seen for the first time by a Maryland Healthy Kids Program certified PCP. MCOs are responsible for ensuring that enrolled children have an initial screen with the PCP according to the following guidelines:

- Within 90 days of the enrollment date for children 2-20 years of age
- Within 30 days of the enrollment date for children under 2 years of age
- Within 30 days of enrollment for children in need of an initial evaluation for a health condition identified on the Maryland Health Risk Assessment
- At an interval consistent with the *Maryland Schedule of Preventive Health Care* if the child was established in the PCP's practice prior to the child's MCO enrollment

### B. PERIODIC SCREENING SERVICES

Periodic screening services include the full scope of comprehensive services outlined in the *Maryland Schedule of Preventive Health Care*. These services should be provided during subsequent preventive care visits at the intervals specified in the Schedule. Provide the full scope of services according to Program standards whenever a child is due for a complete preventive care visit. This is especially important if the child has been seen for episodic care and has missed preventive care visits according to the Schedule.

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The comprehensive periodic assessments of the child's physical, developmental and mental health status are important aspects of preventive and primary care. These assessments are necessary to prevent, diagnose and treat childhood illness or disability before they become serious.

### **C. ADDITIONAL SCREENING SERVICES**

Preventive care follow-up visits may be provided at intervals other than those required by the *Maryland Schedule of Preventive Health Care*. These follow-up visits to a full preventive visit allow reassessment of a previously diagnosed condition. The scope of service at this type of screen is limited to that which is medically necessary to provide confirmation of a diagnosis and/or follow-up the treatment or referral of the child for specialty care.

### **D. HEARING, VISION, AND DENTAL SCREENING SERVICES**

Assessment of vision, hearing and dentition is part of the full scope of services expected during a preventive care visit to the PCP. Services of a qualified specialist may be indicated when vision, hearing or dental problems are identified by the PCP. A formal written referral from the PCP or pre-authorization from the MCO is not required when these specialty services are indicated. Dental-related customer services are now provided through DentaQuest, not an MCO, for all Maryland Medicaid participating enrollees. Screening results from qualified specialists may be included in the medical record maintained by the PCP as part of the Healthy Kids visit.

### **E. REQUIRED EPSDT COMPONENTS AND THE MARYLAND HEALTHY KIDS PROGRAM**

The Maryland Healthy Kids Program has developed specific requirements for each of the five federally mandated EPSDT components. Below is a list of the Maryland Healthy Kids Program components and required elements.

#### **Health and Developmental History**

- Summary of medical and family health history on the initial visit with annual updates
- Initial psychosocial history with annual updates
- Perinatal history that includes birth and pregnancy history for infants under two years of age
- Developmental surveillance annually for all ages
- Developmental screening with a standardized tool at least at 9, 18 and 24-30 months of age

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- Mental health assessments annually beginning at three years of age
- Substance abuse assessments annually beginning at 12 years of age

### **Comprehensive Physical Examination**

- Comprehensive physical examination of a minimum of 5 systems
- Oral/dental assessment as part of the physical examination
- Measurement and graphing of height and weight through 20 years of age
- Body Mass Index calculation and graphing at 2 through 20 years of age
- Measurement and graphing of head circumference on infants to 24 months of age
- Blood pressure measured and recorded annually beginning at 3 years of age
- Assessment of vision and hearing at least by observation and questioning
- Nutritional assessment that includes review of current diet and physical activity, with pertinent education documented

### **Appropriate Laboratory Tests/Risk Assessments by Questionnaire**

- 2<sup>nd</sup> Hereditary/metabolic and hemaglobinopathy test at 2-4 weeks of age
- Lead risk assessment at every preventive visit from 6 months to 6 years of age
- Blood lead test at any age that a positive risk of lead exposure is evident
- Blood lead test at 12 and 24 months of age, even when no risk is evident and regardless of the child's residential zip code
- A Baseline blood lead test up to the age of 6 years if child does not have documented test results at 2 years of age or after
- Anemia test at ages 12 and 24 months of age
- A Baseline anemia test up to the age of 6 years if child does not have documented test results at 2 years of age or after
- Tuberculosis risk assessment annually beginning at 6 months of age
- Tuberculin test only after assessment shows evident risk of exposure
- Heart disease/hypercholesterolemia risk assessment annually beginning at 2 years of age
- Cholesterol blood test when assessment shows evident risks (may provide nutritional counseling in lieu of testing if appropriate for very young children)
- Sexually transmitted infections (STI and HIV) risk assessment annually starting at 12 years of age
- STI/HIV testing only after assessment shows evident risks

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### **Immunizations**

- Summary of immunization history
- Assessment of immunization status on every well visit
- Immunizations administered according to the current DHMH Immunization Schedule

### **Health Education/Anticipatory Guidance**

- Age-appropriate health education (minimum of three topics)
- Education about preventive dental visits beginning with eruption of the first tooth and required referral starting at 2 years of age
- Education and/or appropriate referral for identified health problems
- Education about importance of regular visits and when the next preventive care visit is due according to the ages specified on the *Maryland Schedule of Preventive Health Care*